



County of Santa Cruz

Health Services Agency ♦ Environmental Health

701 Ocean Street, Room 312, Santa Cruz, CA 95060
 (831) 454-2022 Fax : (831) 454-3128 TDD/TTY -Call 711 www.sceeh.com landuse@santacruzcounty.us

SEWAGE DISPOSAL APPLICATION CHECKLIST

PERMIT TYPE: NEW UPGRADE REPAIR
 STD ENHANCED TREATMENT (ET) TANK ONLY MINOR

Application Date: _____ Permit No: _____

Applicant's Name: _____ APN: _____ - _____ - _____

CAUSE: MAINTENANCE FAILING CONSTRUCTION

		REQUIRED:	EHS USE ONLY
YES	N/A	<u>Application for Sewage Disposal Permit</u>	
<input type="checkbox"/>		Contact Information	_____
<input type="checkbox"/>		Owner's Name	_____
<input type="checkbox"/>		Owner's Address	_____
<input type="checkbox"/>		Owner's Phone and Email (Legible)	_____
<input type="checkbox"/>		Bedroom / Use Information	_____
<input type="checkbox"/>		Signatures on Application – 2 pages Submitted (Signed by Owner and Septic Contractor)	_____
<input type="checkbox"/>		Application Complete with Fees	_____
<input type="checkbox"/>		<u>2 Plot Plans – Per Specifications</u>	_____
<input type="checkbox"/>		Water Conservation Agreement	_____
<input type="checkbox"/>		Technical Info Checklist	_____
<input type="checkbox"/>		Owner- Agent Approval Form (Signed by Approved Land Use Consultant & Owner)	_____
IF:			
<input type="checkbox"/>	<input type="checkbox"/>	<u>New Owner – Grant Deed</u>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<u>Sand Hills Addendum & Fees</u>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<u>Request for Planning Staff Services (Cooper Clark Form & Fees)</u>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<u>Repair Pump or Enhanced Treatment Panel – Electrical Permit</u>	_____
<input type="checkbox"/>	<input type="checkbox"/>	AOWTS Statement of Completion & Acceptance	_____
<input type="checkbox"/>	<input type="checkbox"/>	Property Owner's Exemption Agreement (Signed by Owner as Builder)	_____